

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G85030** (6)

1. Corporation Name
IRVING JOHN KELMAN & ASSOCIATES, INC.



Principal Place of Business: **232 MARKHAM WOODS ROAD P.O. BOX 151571. ALTAMONTE SPRINGS, FL LONGWOOD FL 32779**
Mailing Address: **232 MARKHAM WOODS ROAD P.O. BOX 151571. ALTAMONTE SPRINGS, FL LONGWOOD FL 32779**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
25. Country, 29. Country

3. Date Incorporated or Qualified: **02/16/1984**
3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2404432**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

**KATZ, LAWRENCE H.
217 E. IVANHOE BLVD N.
ORLANDO FL 32804**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: KELMAN, IRVING JOHN		1.2 NAME:	
3. STREET ADDRESS: 232 MARKHAM WOODS RD.		1.3 STREET ADDRESS:	
4. CITY-STATE-ZIP: LONGWOOD FL		1.4 CITY-STATE-ZIP:	
5. TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		2.2 NAME:	
7. STREET ADDRESS:		2.3 STREET ADDRESS:	
8. CITY-STATE-ZIP:		2.4 CITY-STATE-ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		3.2 NAME:	
11. STREET ADDRESS:		3.3 STREET ADDRESS:	
12. CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		4.2 NAME:	
15. STREET ADDRESS:		4.3 STREET ADDRESS:	
16. CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		5.2 NAME:	
19. STREET ADDRESS:		5.3 STREET ADDRESS:	
20. CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
21. TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:		6.2 NAME:	
23. STREET ADDRESS:		6.3 STREET ADDRESS:	
24. CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Irving John Kelman Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 407-7747362
Date Time/Phone #

CR2E034 (12/95)